

Quick Notes

Issue No. 6

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IP Inpatient Discharges

ED Emergency Department

AS Ambulatory Surgery

OUTREACH from OSHPD to YOU

The Patient Data Section reaches out to speak and listen to a wide range of our program's external stakeholders. Building on the success of the Medical Information Reporting for California (MIRCal) system used for inpatient discharge data, we surveyed all data providers regarding current business practices, technology, medical records, and other issues surrounding Emergency Department and Ambulatory Surgery care data. We appreciate the repeatedly high level of response to these surveys. Hands-on groups of data providers have gathered to test MIRCal and diverse focus groups have offered feedback on proposed screens, instructions, and functions. Annual regional training sessions have resulted in open communication and face-to-face discussions. Recently, we have visited several nearby ambulatory surgery centers to orient PDS staff to these sites of patient level data collection. One pair of visitors was invited to change into surgical attire to view the preop, sterilization, and postop areas. They accepted and regaled us all with their observations. Proposed regulations for ED and AS will be out for public comment on August 20, 2004. Please take this opportunity to consider the reporting requirements, the format, and national standard definitions. Outreach activities will continue throughout the development, rollout, and implementation of the ED and AS phase of MIRCal with teleconferences, onsite educational sessions, conference presentations and exhibits, computer-based training, website postings, and more of these *Quick Notes*.

Acknowledging the success of Outreach efforts at the national, state, local, and facility levels, we offer you the following guest articles. Each group has a specialized constituency: CASA represents freestanding surgery centers, CHA represents hospitals, CHIA represents health information management professionals and CHPDAC speaks for all of the major interests in healthcare delivery. They all share the goals of providing accurate, comparable, and useful data for the good of Californians.



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Fran Thompson, Executive Director

Founded in 1988 by state surgery center leaders, the California Ambulatory Surgery Association (CASA) is a non-profit organization promoting not only the concept of ambulatory surgery but also the quality of the service provided.

CASA represents freestanding surgery centers serving as an advocate before the legislature, regulatory agencies, third-party payers and employers. CASA has representation on the California Department of Health Services Ambulatory Clinics' Technical Advisory Committee, the Ambulatory Surgery PRO Advisory Council, California Medical Review, Inc, and the California Medical Association Ambulatory Review Committee.

Pursuing its goals through research, education, communication and advocacy, CASA can be recognized not only at the statewide level, but also nationally through the Federal Ambulatory Surgery Association (FASA). CASA also provides its members with educational opportunities through its annual conference and frequent seminars that address important issues within the industry.

Membership in CASA provides access to a members-only website which provides information on legislative issues, current industry concerns and membership list. Facility membership requires the ambulatory surgery center to be Medicare certified and/or licensed by the Department of Health Services. Additionally, many centers who are members of CASA have voluntary accreditation through AAAHC or JCAHO.

For membership information and application, visit www.casurgery.org



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**LaVonne LaMoureaux, RHIA, CAE
Executive Director**

California Health Information Association (CHIA) is a nonprofit association that provides leadership, education, resources, and advocacy for California's health information management professionals. CHIA is a component state association of the American Health Information Management Association (AHIMA) that serves the healthcare industry and the public by managing, analyzing, and utilizing healthcare data vital for patient care.

CHIA members work throughout the entire healthcare industry in settings that span the continuum of care. Members are employed in any organization that uses health information including: hospitals, managed care organizations, long term care facilities, consulting and law firms, information system vendors, ambulatory care facilities, rehabilitation centers, skilled nursing facilities, home care providers, pharmaceutical companies, government agencies, physician practices, and insurance companies. They are specialists in administering information systems, managing medical records, and coding information for reimbursement and research purposes. CHIA members hold many diverse roles, yet share a common purpose: providing reliable and valid information that drives the healthcare industry.

Just as health information management professionals make medical record information available to legitimate users, they also work diligently to protect the confidentiality, privacy and security of patient health information. They are pivotal in developing policies to meet information management standards as mandated by state and federal governments and other regulatory and accrediting agencies.

CHIA works to strengthen the health information management profession and improve healthcare by supporting members through practice guidance, lifelong learning opportunities, and promoting education and research in the health information management field.

For more information, visit www.californiahia.org

**Sherreta Lane, CHA Vice President of
Reimbursement & Economic Analysis**

**CHA Looks Forward to Improved Dataset
Mandated by Senate Bill (SB) 1973**

The California Healthcare Association (CHA), representing nearly 500 member hospitals and health systems, will begin submitting emergency department and ambulatory surgery data in early 2005 (based on services provided late in 2004).

Hospitals have been successfully utilizing inpatient "discharge" data for many years. The new reporting requirements are the result of SB 1973 (Chapter 735, Statutes of 1998). With this state law in place, California's healthcare data system will expand to include outpatient surgery and emergency treatment data.

Meaningful emergency services utilization is difficult to assemble from the inpatient data currently collected by OSHPD because it only reflects ED patients who are later admitted to the hospital.

Adding the outpatient data elements will allow a more robust database. This is especially important as health care is transitioning many procedures from an inpatient to an outpatient setting. Since 1985, the number of hospital-based ambulatory surgeries has more than doubled. This additional information will assist hospitals and freestanding ambulatory surgery centers with strategic planning to determine whether community needs are being met relative to ambulatory and emergency services.

CHA supported SB 1973 and looks forward to working with this improved dataset. CHA worked closely and collaboratively with OSHPD as it developed the proposed regulations to implement the new reporting requirements.

Readers may contact Sherreta Lane at (916) 552-7536 or slane@calhealth.org, or Dorel Harms at (916) 552-7574 or dharms@calhealth.org.

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**California Health Policy
and Data Advisory Commission**

Jacquelyn Paige, Executive Director

The California Health Policy and Data Advisory Commission is a statutorily-mandated bi-partisan commission comprised of each of the major stakeholders in healthcare delivery. Some major stakeholders include physicians, hospitals, ambulatory surgery centers, long-term care facilities, prepaid health plans, insurance, labor, business, and consumers. The Commission advises OSHPD and the Secretary of Health and Human Services on health policy, planning and health information for California.

The Commission held hearings; created committees to advise on the health information needs for purchasers and payers, policymakers, providers, and consumers; and reviewed activities that supported the creation and birth of the MIRCal online data collection system. The Commission appreciates MIRCal's achievements and accomplishments, as well as the talents and dedication of the OSHPD staff that have made the timely and accurate health information system a reality. The Commission looks forward to the expansion of MIRCal system to include data from emergency departments and ambulatory surgery from hospitals and freestanding ambulatory surgery centers, after the regulations are adopted.

For more information, visit www.oshpd.ca.gov/chpdac

**** IMPORTANT DATES ****

ED & AS Data Collection Project

Proposed Regulations	August 2004
Public Comment	August 20-October 4, 2004
Final Regulations	Fall 2004
CASA Convention	September 2004
Facilities Training	November 2004-January 2005
MIRCal System Rollout	January/February 2005

ED & AS Proposed Due Dates:

Oct 1, 2004 - Dec 31, 2004	Due February 14, 2005
Jan 1, 2005 - Mar 31, 2005	Due May 15, 2005
Apr 1, 2005 - June 30, 2005	Due August 14, 2005
July 1, 2005 - Sept 30, 2005	Due November 14, 2005

ED & AS Proposed Extension Days:

A maximum of 28 extension days is proposed to be allowed for all extensions and resubmittals of reports of records occurring in 2004.

***Next Issue: Differences between
MIRCal and ALIRTS Reporting***

PROPOSED REGULATIONS

The 45-day Public comment period for the proposed Emergency Department and Ambulatory Surgery regulations will begin on Friday August 20, 2004 and will conclude at 5:00pm on Tuesday October 4, 2004.

The Office of Statewide Health Planning and Development (OSHPD) is proposing regulations to implement the mandated collection and transmission of Emergency Department and Ambulatory Surgery data through the Medical Information Reporting for California (MIRCal) system.

Any interested person may submit written comments or questions relevant to the proposed regulatory action to the Patient Data Section of OSHPD at any time during the 45-day public comment period. Written comments for OSHPD's consideration should be directed to the MIRCal mailbox at MIRCal@oshpd.ca.gov. E-mail is the preferred means for the submission of public comments. Written comments may also be mailed to Candace L. Diamond, Manager, Patient Data Section, 818 K Street, Room 100, Sacramento, California, 98514.